
SOUTH DAKOTA FFY22-26 STATE PLAN

SECTION I: COUNCIL IDENTIFICATION

PART A. **State Plan Period:** October 1, 2021 through September 30, 2026

PART B. **Contact Person:** Arlene Poncelet
Phone Number: 605-773-6369
E-mail: arlene.poncelet@state.sd.us

PART C. **Council Establishment:**
(i) Date of Establishment: 12/1/1973.
(ii) Authorization: ☐ State Statute ☒ Executive Order ☐ N/A
(iii) Authorization Citation: 2018-03

PART D: **Council Membership. [Section 125(b)(1)-(6)].**

(i) Council membership rotation plan:

Council bylaws provide for members to serve two consecutive three-year terms. Through the Designated State Agency (DSA), the Council works with the Governor's Office to keep appointments up to date. Each spring the Council encourages people interested in Council membership to complete an Information Sheet providing contact information, interest level and availability to be a member. This information is reviewed by Council staff and the Executive Committee then shared with the full Council (if time allows). Final recommendations are submitted to the DSA and then on to the Governor's Office. When searching for new members, the Council and DD Network partners specifically share the application with members of diverse cultures and ethnic backgrounds to promote their representation on the Council. The need for geographic, racial and cultural representation is included with the recommendations and applications when submitted to the DSA and Governor's Office.

(ii) Council Members:

Council Membership Category Codes

Citizen Member Representatives

B1 = Individual with DD
B2 = Parent/Guardian of child
B3 = Immediate Relative/Guardian of adult with mental impairment
C1 = Individual now/ever in institution
C2 = Immediate relative/guardian of individual in institution

Race/Ethnicity

D1= White, alone
D2= Black or African American alone
D3= Asian alone
D4= American Indian and Alaska Native alone
D5= Hispanic/Latino
D6= Native Hawaiian & Other Pacific Islander alone
D7= Two or more races
D8= Race unknown
D9= Some other race

Agency/Organizational Representatives

A1 = Rehab Act
A2 = IDEA
A3 = Older Americans Act
A4 = SSA, Title XIX
A5 = P&A
A6 = University Center(s)
A7 = NGO/Local
A8 = SSA/Title V
A9 = Other

Gender

M= Male
F= Female
O= Other

Geographical

E1= Urban
E2= Rural

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#	Last Name	First Name	M I	Gender	Race/ Ethnicity	Geographic	Agency /Org. / Citizen Rep Code	Agency/Org. name	Appt. date	Appt. Expired Date	Alt/ Proxy for State Agency Rep Name
1	Grimme	Bernie		M	D1	E2	A1	DHS Division of Rehabilitation Services	4/28/20		
2	Trujillo	Wendy		F	D1	E2	A2	DOE Office of Special Education Programs	7/20/17		
3	Rechtenbaugh	Shawnie		F	D1	E2	A3	DHS Division of Long-Term Services & Supports	8/2/22		
4	Boetel	Melanie		F	D1	E1	A4	DSS Division of Behavioral Health	7/20/21		
5	Uecker	Cole		M	D1	E2	A5	Disability Rights South Dakota			
6	Kurtz	Eric		M	D1	E1	A6	USD Center for Disabilities	6/17/19		
7	Flahaven-Neu	Diane		F	D1	E2	A7	Community Service Provider/Black Hills Works	8/2/22	6/30/23	
8	Bruner	Whitney		F	D1	E2	A8	Department of Health	7/20/21		
9	Younie	Joey		F	D1	E1	A9	DHS Division of Developmental Disabilities	7/20/21		
10	Abeln	Barb		F	D1	E2	A9	DHS SD Developmental Center	8/1/16		
11	Macris	James		M	D1	E2	B1		8/2/22	6/30/25	
12	Armstrong	Katie		F	D1	E2	B1		8/2/22	6/30/25	
13	Blechinger	Robert		M	D1	E1	B1		6/17/19	6/30/25	
14	Feist	Toni		F	D1	E2	B1		6/17/19	6/30/23	
15	Johnson	Caryn		F	D1	E2	B1		8/1/21	6/30/24	
16	Valle	Sara		F	D1	E2	B2		6/17/19	6/30/25	
17	Carlson	Joe		M	D1	E2	B2		8/2/22	6/30/25	
18	Husby	Valerie		F	D1	E2	B2		4/28/20	6/30/23	
19	Tiger	Elizabeth		F	D1	E2	B2		8/2/22	6/30/23	
20	Two Crow Slow Bear	Tina		F	D4	E2	B2		8/1/21	6/30/24	
21	Rick	Keath		M	D1	E2	B3		8/2/22	6/30/25	
22	Gloor	Erica		F	D1	E1	B3		7/20/17	6/30/23	

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23	Nelson	Julie	S	F	D1	E1	B3		8/1/21	6/30/24	
24	Smith	Brenda		F	D1	E1	B3		8/2/22	6/30/24	
25	Kuechenmeister	Jessie		F	D1	E2	C2		8/1/21	6/30/24	

Part E. Council Staff. [Section 125(c)(8)(B)].

#	Position or Working Title	FT	PT	% PT	Last name of person in position	First name of person in position	M I	Gender	Race/Ethnicity
1	Executive Director	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Poncelet	Arlene	M	F	D1

SECTION II: DESIGNATED STATE AGENCY [Section 125(d)].

PART A. The Designated State Agency (DSA).

The DSA is:

☐ The Council

☒ Another agency:

1. Agency Name: DHS Division of Developmental Disabilities
2. State DSA Official's Name: Joey Younie
3. Address: 3800 E Hwy 34 c/o 500 E Capitol, Pierre, SD 57501
4. Phone: 605-773-3438
5. FAX: 605-773-7562
6. E-mail: joey.younie@state.sd.us

PART B. Direct Services. [Section 125(d)(2)(A)-(B)]

If DSA is other than the Council, does it provide or pay for direct services to persons with developmental disabilities?

☐ No

☒ Yes

If yes, describe the general category of services it provides (e.g., Health, education, vocational, residential, etc.).

DHS/DDD contracts with individuals and community support providers for residential, vocational and home and community-based waiver services. Staff administer the family support and respite care programs.

PART C. Memorandum of Understanding/Agreement. [Section 125(d)(3)(G)]

Does Your Council have a Memorandum of Understanding/Agreement with your DSA?

☒ No

☐ Yes

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PART D. DSA Roles and Responsibilities related to Council. [Section 125(d)(3)(A)-(G)]

If DSA is other than the Council, describe how the DSA supports the Council

The DSA receives, accounts for and disburses funds, provides the required assurances, fiscal management, financial reporting, grant agreements, and contracts and amendments for services and project activities.

PART E. Calendar Year DSA was designated. [Section 125(d)(2)(B)]

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SECTION III: COMPREHENSIVE REVIEW AND ANALYSIS [Section 124(c)(3)]

INTRODUCTION:

The Council's planning process includes ongoing input to the Council from all members and other guests and grant applicants during regular quarterly meetings. This input included the areas of the state developmental disability service system, vocational rehabilitation, waivers, mental health, social services, special education and family supports.

Council members and staff participate in workgroups, steering committees, advisory boards, and training institutes at which discussion is held concerning various parts of the state service system for people with intellectual and developmental disabilities. Examples include the Family Support Council, Youth Leadership Forum Steering Committee, Brain Injury Workgroup, and Early Learners South Dakota. Involvement in these groups and updates at Council meetings provide the members with many opportunities to keep current on activities across the state.

The Council uses a variety of methods to gather information, including a survey of stakeholders, discussion at Council meetings, workgroup meetings, and summaries of public listening sessions held by other agencies and organizations. Council staff continuously monitor state agencies for new strategic plans, needs assessments and policy changes that impact people with IDD.

In Spring 2020, the Council surveyed stakeholders and the results were shared with the Council. The five most important areas were 1) recreation/socializing with friends in the community; 2) employment; 3) Transportation; 4) mental health; and 5) availability of community-based services. Other topics that were also highly rated were a) health; b) quality of services; and c) transitioning youth from schools to post-secondary education or work.

People with intellectual and developmental disabilities (IDD) suggested information, resources, and training on employment, transitioning to work, health, becoming a true leader, mental health, supported decision making and guardianship, housing, technology (providing basic laptop and training for everyone), building community friendships. Family members and guardians suggested more support in a person's hometown, more options for childcare (in-home nursing, limited availability for teens with disabilities), teach people with disabilities about finances, making purchases, writing checks

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and spending wisely, employment and volunteering to build on natural supports, better pay and more universal training for DSPs to increase quality of services, and supports for youth with aggressive behaviors or rigid dietary or medical needs. For government or community organization staff who responded, the concerns were that schools do not look at technology needs for the students and only focus on academics not skills for employment, lack of affordable housing, lack of culturally appropriate services/materials; need more awareness of mental health and training, there are many transition programs, but youth still see unprepared when leaving school, and transportation (access in rural areas, cost and flexibility).

Specific to self-advocacy, comments included: speakers in our local area, meeting new people and having friends, more adult education, meaningful job opportunities, training on how to build more connections in the community, meaningful participation on boards and councils, ensure that all youth get training on self-determination skill development, teach individuals to know their rights, what benefits/medical insurance they have and what their money is spent on.

In October 2020 the Council reviewed the information gathered from the above survey and developed three draft goals – Community Supports and Services, Mental Health and Advocacy and Leadership. In February and April 2021, the Council discussed the draft goals and developed objectives and activities. Council members created trajectories for each of the goals and set the expected outcomes. From there, the Council shared the draft goals and requested comment from the public from May -- July. A survey was mailed, emailed, and shared by other groups for all stakeholders to complete and give input regarding the draft goals and objectives.

Survey results for the Community Supports and Services area showed 30 of the 33 respondents really liked this goal and objectives. Specific comments included: workgroups and conferences – more availability for parents and self-advocates; continue with virtual training; offer local level trainings; include in the new groups – nursing students, caregivers, siblings, transition – need to understand the issues and solutions; training for first responders is needed, most activities focus on training, information and knowledge for professionals but what can be done to improve relationships between people with disabilities and ordinary people in the community; and building natural supports such as faith communities.

Survey results for the Mental Health area showed 27 of the 33 respondents really liked this goal and objectives and 5 others thought they were OK. Specific comments included: work on the community issues of stigma, lack of funds, openness by families, lack of understanding by schools, professionals; coordinate with SD NAMI; celebrate success and wellbeing; support systems should be cross trained in both DD and mental health; schools need to change the definition of benefiting from education to include social and emotional interaction as a measure for impact of the disability in school; engage school mental health teams in trainings; and these activities would fit in rural and city areas as well as reservations.

Survey results for the Advocacy and Leadership area showed 24 of the 33 respondents really liked this goal and objectives and 9 others thought they were OK. Specific comments included: to create small groups of people to train and always ask participants for feedback; focus on the interaction of

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advocacy tools to include the development of skills among the white and non-white cultures to allow for both groups to effectively work together to address advocacy supports; continue the focus on underserved and minority populations; and record Zoom classes so more people can benefit.

The Division of Developmental Disabilities (DDD) contracted with Align in early 2020 to complete a comprehensive survey and focus groups on the continuum of services for people with IDD. The focus areas of the report were SD Developmental Center, Community Services, Communication, Provider Capacity and Transportation. At the Council's April 2021 meeting, the DDD Director shared activities that have begun or will begin soon based on the Align report. Briefly, those areas included:

Community Supports – looking at internal workload; increasing behavior consultations; rate structure workgroup; review of workshops and career development; and expanded communication.

Communication – regular opportunities for the Division to share and to hear from stakeholders; development of waiver manuals for stakeholders

Provider Capacity – increase consistency and use of Charting the LifeCourse philosophy; look at inclusion of technology on both the Choices and Family Support Waivers as these are up for renewal in the next two years; and expansion of support to people without a support system (to maintain least restrictive residential options and community independence).

Transportation – looking at funding in both waivers as they are renewed; and education for all stakeholders (beginning with understanding reimbursement to and from medical appointments).

Other topics DDD shared were the renewal of both waivers within the next 2 years; importance of workforce, monitoring of Home and Community Based Services (HCBS); clarifying roles and responsibilities among providers; regional crisis centers (ICF/IDD – Intermediate Care Facility for the Intellectual and Developmentally Disabled) for adults; expansion of family support and the length of time from application for services until approval or denial.

In July 2021 the Council reviewed the comments received on the draft goals and objectives and created the final goals and objectives, annual work plans and budget recommendations. Based on the support shown through the survey, no changes were made to the goals, objectives or activities. Several of the suggestions will be implemented within activities of the SD Advocates for Change and/or be included in future Requests for Proposals.

Describe how the DSA supports the Council

The DSA receives, accounts for and disburses funds, provides the required assurances, fiscal management, financial reporting, grant agreements, and contracts and amendments for services and project activities.

Poverty Rate Percentage

The US Census Bureau American Community Survey for 2019 shows that 11.9% of the population of South Dakota is below poverty level.

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PART A. State Information

(i) Racial and Ethnic Diversity of the State Population:

Race/Ethnicity	Percentage of Population
White, alone	85.9%
Black or African American alone	1.25%
American Indian and Alaska Native alone	8.82%
Asian alone	0.93%
Native Hawaiian and Other Pacific Islander alone	0.05%
Some other race alone	1.07%
Two or more races:	2.12%
Two races including Some other race	
Two races excluding Some other race, and three or more races	
Hispanic or Latino (of any race)	

(iii) State Disability Characteristics

a) Prevalence of Developmental Disabilities in the State:

The number of people with developmental disabilities in South Dakota is estimated to be 13,703.

Total population estimate for 2019 = 867,305

Source: US Census Bureau, 2019 American Community Survey

National Health Interview Survey-Disability Supplement (NHIS-D) prevalence rate of 1.58% of the general population was used.

Source: Larson, S.A., Lakin, K.C., Anderson, L., Kwak, N., Lee, J., & Anderson, D. (2001).

Prevalence of mental retardation and developmental disabilities: Estimates from the 1994/1992 national Health Interview Survey Disability Supplements. *American Journal on Mental Retardation*, 106(3), 231-252.

b) Residential Settings:

Year	Total Served	A. Number Served in Setting of <6 (per 100,000)	B. Number Served in Setting of >7 (per 100,000)	C. Number Served in Family Setting (per 100,000)	D. Number Served in Home of Their Own (per 100,000)

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2017	5768	268	98	93	62
2016	5768	269	99	94	62
2015	5757	282	95	232	62

c) Demographic Information about People with Disabilities

People in the State with a disability	Percentage	Number
Population 5 to 17 years	3.9	6099
Population 18 – 64 years	10.97	55,489
Population 65 years and over	32.5	47979

Race and Hispanic or Latino Origin of people with a disability	Percentage	Number
White alone	13	95,035
Black or African American alone	8.4	1,7001
American Indian and Alaska Native alone	11.9	8,662
Asian alone		
Native Hawaiian and Other Pacific Islander Alone		
Some other race alone	9.8	551
Two or more races	13.2	3,155
Hispanic or Latino (of any race)	11.7	3,719

Employment Status Population Age 16 and Over	Percentage with a disability	Percentage without a disability
Employed	35.5	72.8
Not in labor force	62.7	25.1

Educational Attainment Population Age 25 and Over	Percentage with a disability	Percentage without a disability
Less than high school graduate	15.9	5.7
High school graduate, GED, or alternative	35.9	28.5
Some college or associate's degree	31.9	32.7
Bachelor's degree or higher	16.3	33.1

Earnings in Past 12 months Population Age 16 and Over with Earnings	Percentage with a disability	Percentage without a disability
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\$1 to \$4,999 or loss	15.3	9.6
\$5,000 to \$14,999	22.3	13.2
\$15,000 to \$24,999	15.3	12.3
\$25,000 to \$34,999	14.6	14.7

Poverty Status Population Age 16 and Over	Percentage with a disability	Percentage without a disability
Below 100 percent of the poverty level	18.3	9.8
100 to 149 percent of the poverty level	13.3	6.1
At or above 150 percent of the poverty level	68.3	84.1

PART B. Portrait of the State Services [Section 124(c)(3)(A)(B)]:

Use the following sub-sections to describe the state's services, supports, and other assistance available to people with developmental disabilities and their families. Only some of the fields in this section are required, as noted by the * sign.

(i) Health/Healthcare*:

The SD Department of Health (DOH) Office of Child and Family Services (OCFS) completed a statewide needs assessment between Sept 2018 and May 2020 of Maternal and Child Health (MCH) populations across South Dakota to understand health and well-being issues that impact them. The following information is shared from the 2020 Title V Needs Assessment Report:

“The State of SD has administrative rules for services provided within the Children’s Special Health Services (CSHS) program. The rules outline eligibility requirements including income level and the chronic conditions that may or may not be covered. They also outline the types of treatment services that may be financially covered and the process by which the CSHS program reimburses families and healthcare providers for these services. SD Codified Law (SDCL) 34-24-17 to 34-24-25 mandates newborn screening and Administrative Rules of South Dakota (ARSD) 44:19 specifies what diseases and conditions are required for screening.

SD possesses unique strengths and challenges that impact the health status of the MCH population. Specifically, SD is home to a growing healthcare industry. The states healthcare industry is projected to be among the largest growth industries from 2012-2022. This growth is significant because as baby boomers retire and leave the healthcare workforce, they are subsequently requiring additional healthcare services. A focus has been placed on high school graduates who can replace the retirees in the workforce and continue to provide quality healthcare services across the state. The SD Departments of Education, Health, Labor and Regulation and the Board of Regents have created a program to address this critical need for healthcare workers. Health occupations for Today and Tomorrow focuses on health career information and opportunities for SD students at all grade levels. The SD Healthcare Workforce

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Center, established within the Office of Rural Health (ORH), functions as a clearinghouse for healthcare workforce-related data and information. The Center is also designed to develop and implement programs and projects that assist individuals, agencies, and facilities in their efforts to address current and projected workforce needs. ORH also works to improve the delivery of health services to rural and medically underserved communities, emphasizing access.

Despite the growth in the healthcare industry and strategies to address the healthcare workforce, SD residents are challenged by the limited access to healthcare. Approximately 2/3 of the state is designated by the federal government as a Health Professional Shortage Area (HPSA). Health care provider shortages exist in primary care, dental health and mental health. There are 71 Medically Underserved Areas/Populations including a shortage of primary care health services.

Another challenge facing the MCH population is a lack of transportation to access services and resources. This is compounded by factors such as poverty and geographic isolation. For some, this means traveling great distances (over 50 miles) to see a primary care provider and further to see a specialist. Most healthcare specialists and the state's lone children's hospital are located on the eastern side of the state. Access to services and resources is further complicated on American Indian reservations by the lack of a reliable transportation system.

The DOH's 2020-2025 Strategic Plan envisions "every South Dakotan Health and strong", with the mission of "working together to promote, protect and improve health". The strategic plan addresses the following goals: 1) enhance the accessibility, quality and effective use of health resources; 2) provide services to improve public health; 3) plan, prepare and respond to public health threats; 4) maximize partnerships to address underlying factors that determine overall health; and 5) strengthen and support a qualified workforce.

Findings from the needs assessment revealed many notable strengths and needs in women/maternal health. Feedback elicited at the regional partner meetings recognized strengths including workforce development programs, available data, access to healthcare services (e.g., Federally Qualified Health Centers and Indian Health Services), the 211 Helpline, community programs (e.g., Family Planning, counseling services, the SD Quitline), and existing partnerships and collaboration between agencies that promote health. Needs identified centered on social needs, mental health, and substance abuse, as well as access to healthcare services.

Input from the regional partner meetings, along with qualitative data from the community input survey and focus groups revealed some challenges and gaps for all women. Social needs, including lack of transportation, joblessness or having a job that does not meet the family's needs, lack of education and poor housing conditions were noted. Data also revealed gaps in access to healthcare services and providers, lack of sexual health education, lack of cultural awareness and the need for improved advocacy around women's health issues.

Women's mental health and substance abuse were common themes across the state. Focus group participants were concerned about gaps in counseling services and underutilization of

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available services due to a lack of awareness and confidentiality. Participants also identified concerns around substance abuse, especially methamphetamine.

Notable strengths in the adolescent health domain include the availability of community resources, activities and recreational opportunities, training resources, collaboration across youth programs and non-profit organizations, youth led groups and telehealth. Despite these identified strengths there are additional needs specific to adolescent health including a focus on mental health, substance abuse, sexual health and health behaviors. Survey data indicated that youth felt that resources were lacking in the areas of mental health, reproductive or sexual health, and substance abuse treatment and prevention. Sexual health and suicide prevention were the two top priorities consistently noted throughout the needs assessment process.

Strengths in the Children and Youth with Special Health Care Needs (CYSHCN) domain were identified in a 2018 survey. Among survey respondents that have access to family-centered care, 64.8% of families reported feeling like a partner in their child's care; 69.3% reported receiving care that was sensitive to their family's values and customs; 66.9% felt their provider listens carefully to them; 63.7% felt their provider spends enough time with their child; and 65.9% reported receiving specific information they need from their provider. Despite the noted strengths, the survey also revealed unmet needs including difficulty in paying medical bills; distance to medical care; difficulty with scheduling or long waits for appointments; lack of insurance coverage or denial of service; and missing school and work for appointments. The top five unmet needs identified in the community input survey among the CYSHCN include: access to specialists (46%), lack of transition care (33%), parenting education and support (33%), communication between support services and health care providers (32%), and access to mental health services (24%). Parenting education and support was a greater unmet need according to higher income versus lower income individuals. A higher percent of American Indian respondents noted that lack of transition care was a greater unmet need compared to white respondents (48% vs. 30%, respectively).

As the direct reimbursement program, Health KiCC, is being phased out, the CYSHCN program has concentrated on a new care coordination model with Sanford Children's Hospital in Sioux Falls through a registered nurse care coordinator. This program was piloted in 2020 and addresses the need to improve access to specialists, decrease travel costs, and provide a medical home for CYSHCN. Additionally, the CYSHCN program partners with the Department of Social Services to provide special needs car seats; with Department of Human Services to provide respite care to families; and Sanford Health to provide genetic outreach clinics for the western half of the state. When a family applies for social security disability benefits for a child under age 21, the CYSHCN program provides the family with a list of programs and services they may be eligible for.

Other programs within OCFS include Family Planning, WIC and Bright Start. The Family Planning Program provides voluntary family planning services to help both men and women in postponing, preventing, achieving, or facilitating the birth spacing of their children. The WIC program promotes and maintains the health and well-being of nutritionally at-risk women, infants and children up to age 5. WIC provides nutrition education/counseling, breastfeeding support (i.e.,

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information, breast pumps, breastfeeding peer counselors, etc.), healthy foods, referrals to health care providers and health/social services agencies and immunizations (if needed). The Bright Start Nurse Home Visiting program provides services to high-risk families during pregnancy continuing until the child's third birthday. The program focuses on high-risk pregnant mothers and new parents with limited economic and/or social and health resources. Bright Start is offered in 10 counties and the Sioux Falls area."

Within the Department of Social Services (DSS) are many programs that benefit people with IDD. The Division of Behavioral Health Services provides services for children and adults with mental health disorders and chemical dependency. The Human Services Center provides individuals who are mentally ill or chemically dependent with inpatient treatment. The Division of Children and Family Services provides comprehensive services to children and families such as Child Protection Services, Child Support Services, Economic Assistance, Auxiliary Placement (educational placement assistance for children in care of DSS), Children's Health Insurance Program (CHIP), Community Assistance Program (services for low-income families such as weatherization, community transportation, food pantries and emergency services), Energy and Weatherization Assistance, Supplemental Nutrition Assistance Program (SNAP), Medical Eligibility, Temporary Assistance for Needy Families (TANF), Child Care Licensing and Child Care Assistance. The Division of Medical Services covers all areas of Medicaid except for the eligibility criteria. The total number of South Dakotans eligible for Medical Services as of July 2021 was 135,640 (47,656 adults and 87,984 children). SNAP recipients totaled 34,215 households and 73,168 people in July 2021. TANF was provided to 2,448 families and 4,823 people in July 2021. No number for just people with IDD were available.

The DSS/Division of Behavioral Health (DBH) contracts with 11 accredited community mental health centers across the state to provide quality services to both adults and youth. Services provided include screenings and assessments, case management, individual therapy, group therapy, crisis intervention, psychiatric evaluation, and medication management. Financial assistance for services is available. Outpatient mental health counseling services are provided to individuals of all ages. Children, Youth and Family (CYF) Services are specialized outpatient services provided to youth with serious emotional disturbance (SED). Family counseling may include Functional Family Therapy, which is a strength-based model for building skills to help improve family relationships, reduce behavioral issues, and improve school performance. Comprehensive Assistance with Recovery and Empowerment (CARE) Services are specialized outpatient services provided to adults with serious mental illness (SMI). Individualized and Mobile Program of Assertive Community Treatment (IMPACT) services provide intensive outpatient counseling, case management services and psychiatric medication management for adults living with SMI.

The DBH published a Fiscal Year 2020 State Profile Executive Summary. This executive summary introduces key statewide behavioral health outcomes, as reported by South Dakota's publicly funded behavioral health providers. Publicly funded behavioral health services are held to a high standard of quality and effectiveness. The report summarizes statewide performance measures and key outcomes for the following service areas: a) Adult substance use disorder treatment

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services: including outpatient services, low intensity residential services, intensive inpatient treatment services, and intensive methamphetamine treatment services; b) Youth substance use disorder treatment services: including outpatient services and PRTF (psychiatric residential treatment facility) services; c) Adult mental health treatment services: including CARE and IMPACT services; d) Youth mental health services: including Child, Youth or Family (CYF) Services e) Targeted services for justice-involved populations: including Cognitive Behavioral Interventions for Substance Abuse (CBISA) and Moral Reconciliation Therapy (MRT) for adults; and Functional Family Therapy (FFT), Aggression Replacement Therapy (ART), and MRT for youth.

The report highlighted positive outcomes experienced by individuals who received publicly funded behavioral healthcare in FY20 including satisfaction with the treatment services received, improvements in their mental health and social well-being, increased ability to control substance use and increased motivation to not use substances, and the use of fewer high-cost services. The DBH also identified areas for improvement including outcome tool return rates for youth mental health and justice-involved services as well as successful discharge rates in intensive methamphetamine treatment services and both youth and adult justice-involved services. The full report is available at <https://dss.sd.gov/behavioralhealth/reportsanddata.aspx>

The number of uninsured non-elderly persons in 2019 in South Dakota was 10.3% per the Kaiser Family Foundation analysis of the 2019 American Community Survey.

(i) Employment*:

The DHS/Division of Developmental Disabilities (DDD) identifies employment as a system priority and an alternative to sheltered workshops. DDD participates in the State Employment Leadership Network which provides collaboration with other agencies, technical assistance and best practices in the area of employment. DDD developed new waiver service definitions that promote integrated competitive employment opportunities. As a part of these new service definitions, DDD created a new employment-related service, career exploration, to replace and update prevocational services. Career exploration provides new pathways and opportunities for individuals to experience community-based activities leading to paid work. The DDD began facilitating a new Employment First Alliance (EFA) workgroup the fall of 2021. The intent of the workgroup is to bring together partner agencies, community support providers, conflict free case management, parents and individuals support to lead awareness of the need for a system-wide cultural shift in which people with disabilities are equipped, encouraged, and equal members of the general workforce from an early age through retirement. The EFA will assist DDD in creating or enhancing existing employment strategies, policies, and resources as well as each member being a champion within their agency and/or community.

The American Community Survey from 2019 offers a glimpse at South Dakota's employment numbers. 82% of people with no disability work compared to 52% of people with any disability and 46% of people with a cognitive disability. Knowing employment impacts a person's poverty level, the following data is provided from the same survey. 9.6% of people with no disability live in poverty compared to 22% of people with any disability and 20.24% of people with a cognitive

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disability. According to the Institute on Community Inclusion, Survey of State IDD Agencies from 2018 shows that 20% of South Dakota's IDD population participates in integrated employment services and this number has remained steady for the past 10 years.

DDD participated in the National Core Indicators surveys annually. From the 2018-2019 survey, 68% of people surveyed did not have a job and of those 43% wanted a job but only 36% had an employment goal in their service plan. Other data from this survey showed 31.2% were in an integrated job, 22.5% had an individual job without or with supports, 9.9% had a group job, and 5.4% did not share their employment status. Since this survey, DDD revised its employment related services and now requires an employment goal for every participant in waiver services.

Beginning in 2019, DDD and the Division of Rehabilitation Services (DRS) worked collaboratively to provide training and expertise to community support providers around Customized Employment. Customized employment is a specialized set of services specifically designed for individuals with the most significant limitations to help them become competitively employed in an integrated setting. This program has a "no-fail" mentality that assumes that everyone can work regardless of the level of limitation, meaning that these services are appropriate for individuals who have previously been employed in sheltered work or have been previously considered "too severely disabled " for work activities. Customized employment has a specific set of steps/services that are meant to help an individual not only become employed but to also focus on building relationships with the employees/employers rather than the employees/service providers to increase sustainability of the employment. These services are highly individualized and involve getting to know the persons strengths, needs, and interests to a higher level than a typical VR case. This allows the provider and counselor the ability to create the needed individualized service plan to help the person be successful long-term.

The goal of the Customized Employment (CE) initiative is to provide consistency in provider training, increase sustainability of CE placements, and to increase employment outcomes. DRS introduced the initiative to different parts of the state in four. Stages were the pilot, Eastern Area, Northern/Central Area, and Western Area. DRS is contracting with Griffin Hammis Associates to provide the required ACRE training and technical assistance for the Customized Employment Program to ensure adequate training and knowledge of the program for staff to provide the highest quality service possible. Sixteen (16) of the 20 Community Service Providers (CSPs) participated in the Customized Employment Training. DRS has issued a Request for Proposals in September 2021 where the CSPs can apply for grant funding to have a dedicated Customized Employment Specialist.

The DHS/Division of Rehabilitation Services (DRS) helps individuals with disabilities to obtain or maintain employment, economic self-sufficiency, personal independence and full inclusion into society. The vocational rehabilitation (VR) program provides individualized vocational rehabilitation and supportive services to assist eligible individuals with disabilities to get and keep jobs compatible with their skills and abilities. Services include assessment for determining eligibility and vocational rehabilitation needs; vocational counseling; physical and mental restoration, evaluations; supported employment; personal assistance services; vocational and

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other training; job related services; transition services; rehabilitation/assistive technology, interpreter services; work-site evaluations; self-employment services; financial support for maintenance and transportation; and more.

Supported employment services are available and include job placement, job coaching and follow-along services. An individual receiving any of these services is also eligible to receive any of the other services available through the State Vocational Rehabilitation Program. There are three types of providers: 1) DHS approved Community Support Providers, Mental Health Centers, etc., 2) Consumer Certified providers who meet minimal standards to provide job coaching or follow-along services for a specific consumer; and 3) private providers who meet DRS standards and have a provider agreement with DRS.

New in FFY21, the DRS has contracted with the Black Hills Special Services Cooperative to employ four (4) Employment Specialists Coordinators to be located within the Aberdeen, Pierre, Rapid City and Yankton DRS Offices. The major role of these positions will be to provide job development for Vocational Rehabilitation clients in rural areas and/or unserved areas of the state; conduct informational interviews with employers; and coordinate with other Employment Specialists in their area. This initiative will expand upon the current provider system and work closely with them.

The Division of Rehabilitation Services works with South Dakota School Districts and other organizations within the state to help students with disabilities plan for their future. A variety of services are available to help match your skills, abilities, and interests with a compatible career path.

Pre-Employment Transition Services (Pre-ETS) are available to students with disabilities who need help with employment and/or attending post-secondary education. Every public school in South Dakota has a Vocational Rehabilitation (VR) counselor assigned to assist with the transition from high school into the adult world.

Transition Services Liaison Project (TSLP) is funded by SD Special Education Programs Office and the DRS. Staff provide training and resources to students, families, schools, VR counselors, and adult service agencies on transition services. On their website, you can find a wealth of resources available for transition planning including additional information about Project Skills, Youth Leadership Forum, and post-secondary schooling supports.

South Dakota has 5 Project SEARCH sites. Each Project SEARCH site is a unique business-led transition program for students with disabilities. Students who want to work have the chance to explore careers and develop transferable job skills. The goal of the Project SEARCH program is competitive employment for each intern. Designed as an internship program, Project SEARCH affords students the opportunity to put employability skills into practice. For five days a week, students report to the host business and learn employability skills in the classroom and job skills while participating in targeted internships. They receive support with accommodations, adaptations, and on-the-job coaching. Students who have completed all academic requirements

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for graduation from high school may apply for enrollment in Project SEARCH. Participants must be 18 to 21 years old.

DRS supports Project Skills which is a paid work experience program for high school students with disabilities in South Dakota. The program is a cooperative arrangement between DRS and local school districts. Project Skills provides students the opportunity to learn different skills in a variety of job placements, with the assistance of a job coach. Project Skills help to build the student's work history, references and help them move into different and better jobs as they mature and are ready to take on new challenges.

DRS purchases services from approved Benefits Specialists. These individuals have gone through extensive training on benefits services and have been certified by the Virginia Commonwealth University. Benefits Specialists are available to provide advice and support to people with disabilities on managing their benefits and advising on Social Security Work Incentives. The goal of the Benefits Specialists is to assist beneficiaries to maximize their earning potential and achieve greater self-sufficiency through employment. When compared to other VR consumers, those who received services from a Benefits Specialists had a higher success rate; higher weekly earnings; more weekly hours; and higher average hourly earnings.

DRS also supports independent living services, Telecommunications Relay Service (TRS), Telecommunications Adaptive Devices (TAD); Telecommunications Equipment Distribution (TED) program; Hearing Aid Assistance Program (HAAP) for children under 19; Cochlear Implant Program; SD Deaf-Blind Equipment Distribution Program; communication assistance services; mentoring services; and interpreter resources.

South Dakota had six Tribal Vocational Rehabilitation programs before the pandemic. They were located on the Ogalala Sioux (Pine Ridge), Cheyenne River Sioux (Eagle Butte), Standing Rock Sioux (McLaughlin), Oto Kahe Teca (Lower Brule), Sicangu (Rosebud), and Sisseton-Wahpeton Oyate (Sisseton) reservations. Due to complete shutdowns of tribal offices, two tribal VR programs were unable to complete their applications for continuation.

The Department of Labor and Regulation's (DLR) mission is to promote economic opportunity and financial security for individuals and businesses through quality, responsive and expert services; fair and equitable employment solutions; and safe and sound business practices. Each of South Dakota's 16 job service offices is staffed with trained professionals ready to help businesses maintain a skilled workforce and handle various labor issues and to help job seekers identify opportunities and prepare for productive employment. For those eligible and committed to improving your employment future, the Workforce Training program can assist with paid work experiences related to your field of study, guidance for success in post-secondary school, and financial supports as appropriate.

The Sioux Falls Business Resource Network's (BRN) mission is to provide businesses with education, awareness and resources to promote the successful employment of persons with disabilities. The Workforce Diversity Network of the Black Hills (WDBNH) is a team of business

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and human resource individuals who serve as a link between employers and people with disabilities who have the desire and qualifications to work. Members of WDNBH recognize that a healthy workforce is diversified and inclusive of persons with disabilities.

(ii) Informal and formal services and supports*:

South Dakota's developmental disabilities (DD) service system consists of 21 community support providers (CSPs), 4 case management providers, and 8 agencies that administer 36 Family Support programs. Each of these agencies receive their primary funding through the Division of Developmental Disabilities (DDD). In addition, South Dakota has one public Intermediate Care Facility/for Individuals with Intellectual Disabilities (ICF/IID), the South Dakota Developmental Center (SDDC) located in Redfield. South Dakota has one private ICF/IID, LifeScape, located in Sioux Falls.

Admissions to CSPs and SDDC are administered by the DDD allowing for the least restrictive placement. DDD has funding, certification, and monitoring responsibilities for CSPs. The DDD's mission is to ensure that people with developmental disabilities have equal opportunities and receive the services and supports they need to live and work in South Dakota communities. Programs administered include two home and community-based services (HCBS) waivers (CHOICES and Family Support 360), community training services, respite care, Strengthening Families program, and adult foster care.

In addition to the general Medicaid State Plan services for hospital, physician, mental health, dental, chiropractic and other services, the CHOICES Waiver offers community-based services for people with developmental disabilities who need an ICF/IID level of care but with services can remain at home or in their community. Community, Hope, Opportunity, Independence, Careers, Empowerment, Success (CHOICES) is a program that provides services to children and adults with intellectual and developmental disabilities. Services include day habilitation, nursing services, residential habilitation, service coordination, medical equipment, and drugs, supported employment, and other medically related services such as speech, hearing, and language. Approximately 2,670 people with IDD are served through the CHOICES Waiver.

Conflict Free Case Management was implemented in 2018. The conflict-free case managers develop Individualized Service Plans (ISP) using a new standardized ISP format; monitor plans to ensure outcomes are met; use person-centered practices; and help the individual and family become well-informed about all options. Direct supports such as residential, day services, nursing and employment supports, continue to be provided by the CSPs chosen by the participant.

Community Support Providers (CSPs) offer vocational services in sheltered workshops and the community, such as job coaches, career exploration and discovery, and customized employment services. CSPs provide residential options such as group homes and supervised apartments and assistance for those living in their own homes or apartments. Shared Living is available through several CSPs. Community training services (CTS) are utilized for people that need less intensive

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services or who do not meet the financial eligibility for an ICF/IID or HCBS Waiver. Support services such as transportation, food services, nursing, assessment and evaluation and social and recreational services are also provided by CSPs. Some CSPs offer specialized programs for people with autism, traumatic brain injury or other unique conditions.

Family Support (FS) 360 Waiver assists participants and their families in self-directing the services they need to live as independently as possible in the community. FS360 is not a single service, but rather a flexible array of services and supports which are customized to meet the needs of each participant and family. In addition to utilizing natural supports, FS360 helps participants and families to access existing formalized services such as the Child Care Assistance Program, Children's Miracle Network, Energy Assistance, etc. The Local FS Programs provide service coordination and access to the FS360 Waiver. Due to limited spots on the local FS programs, a family can participate in the Strengthening Families program while waiting for the opportunity to transfer to a local program. The Strengthening Families Program does not provide service coordination. Approximately 1500 children and adults are served by 36 local programs through the FS 360 Waiver and 550 through the Strengthening Families Program.

Respite Care is temporary relief care designed for families of children or adults with disabilities or chronic medical needs. Providers, chosen by the family, care for children or adults while families take a class, go to a movie, go on a vacation, or enjoy any non-work activity. Caretakers often face serious problems and stress as a result of balancing the needs of their child or adult with special needs with the needs of other family members. These breaks allow families time to tend to the needs of their other children, spouses and themselves. Approximately 620 children and adults were served through the Respite Care Program.

South Dakota's Statewide Transition Plan for HCBS – The Transition Plan covers all four 1915(c) waivers (Assistive Daily Living Services or ADLS, CHOICES, Family Support 360 and HCBS Adult Services and Aging (ASA) Waiver). Each waiver targets a specific population and provides a menu of services to meet the needs of the target population. The Department of Social Services (DSS) provides oversight to all the Medicaid waivers. DDD administers the CHOICES and Family Support 360 Waivers. DSS and DHS measured residential settings with a three-step assessment process – provider self-assessment, state staff on-site assessment and interviews with individuals in residential settings. CMS granted final approval of the Transition Plan on August 8, 2019.

The mission of the South Dakota Developmental Center (SDDC) is to provide comprehensive specialized services designed to enhance quality of life and community inclusion for people with Intellectual Disabilities and/or Developmental Disabilities. The SDDC Team provides person-centered services which demonstrates a commitment to best practices and ethical standards.

Currently, 78 people with intellectual and/or developmental disabilities ranging in age from 16 to age 64 (average age of 34.13) receive supports at SDDC. At SDDC, disabilities represented range from very mild developmental disability to profound disability. Approximately 40.3% of the population falls within the moderate range of cognitive functioning, with the second largest

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percentage (37.7%) identified within the mild range of cognitive functioning. All of the people receiving services at SDDC have co-occurring mental disorders.

Lifescope - Children's has been the only private Intermediate Care Facility for Individuals with Intellectual and/or Developmental Disabilities (ICF/IID) providing services to children through age 21 in the state since 2011. The program provides comprehensive services that bridge the medical, behavioral, rehabilitation and educational demands of children with a wide variety of special needs. However, services are not limited to children and their team of occupational and physical therapists, assistive technology practitioners and other specialists, as well as state-of-the-art equipment, are available to adults with special needs.

During the 2021 Legislative Session, funding was approved for DHS/DDD to regionalize ICF/IID services to keep people closer to their home communities and family support systems. These will be small-scale private adult settings in Sioux Falls and Rapid City. Proposals were accepted during summer of 2021 with services possible during FFY22.

The Department of Human Services Guardianship Program provides assistance to adults with developmental disabilities by providing court appointed guardianship or conservatorship services or by providing financial assistance to families or others in obtaining guardianship or conservatorship of an adult with a developmental disability.

The Department of Human Services Division of Long-Term Services & Supports (LTSS) provides home and community service options to individuals 60 years of age and older or 18 years of age and older with physical disabilities, regardless of income. LTSS promotes in-home and community-based services to prevent or delay premature or inappropriate institutionalization. LTSS provides a variety of services such as adult day services, adult foster care, adult protective services, assisted living, caregiver programs, homemaker services, nursing services, respite care, transportation and more. LTSS supports Dakota at Home (SD's Aging and Disability Resource Center) to provide information and referrals services regardless of age, disability, or income to approximately 13,000 people.

LTSS supports the SD Respite Coalition and Lifespan Respite grant. To be eligible, a caregiver must need a break from the daily responsibility of providing care to a family member or another loved one regardless of age who due to aging, Alzheimer's/dementia, brain injury, chronic illness, mental health or disability needs ongoing assistance and support. The South Dakota Respite Coalition offers the National Caregiver Certification Course through the American Caregiver Association and an online Respite Provider Directory as a means for a respite provider and a caregiver to locate each other. The Lifespan Respite grant has provided direct service to 17 individuals in 2021. As of July 2021, the Dakota at Home intake has received and processed 7,152 calls in 2021.

South Dakota has 2 Independent Living Centers that assist people with significant physical, mental, cognitive, or sensory impairments who have limited ability to function independently in the family or community or to obtain, maintain or advance in employment. Services include

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information and referral, independent living skills training, peer counseling, individual and systems advocacy, housing related services and home modifications and adaptive devices.

(iii) Interagency Initiatives*:

Interagency agreements and memorandums of understanding (MOU) exist between many of the state agencies involved in providing services to people with intellectual, developmental, and other disabilities. The Divisions of Rehabilitation Services (DRS), Services to the Blind and Visually Impaired (SBVI) and Developmental Disabilities (DD) have joint funding policies. In addition, an MOU reflects the current description of programs and services available through the agencies, the referral process and how services are coordinated. The Transition Services Liaison Project is funded jointly by the Office of Special Education Programs and DRS.

The Statewide Independent Living Council (SILC) members are appointed by the Governor and 9 of the 16 members are people with disabilities (currently physical, mental, cognitive, sensory and multiple disabilities are represented). Two members of the SILC are past graduates of Partners in Policymaking.

The Board of Vocational Rehabilitation (BVR) is appointed by the Governor to assist the DRS to develop and evaluate employment services for South Dakotans with disabilities. The Board's 15 members are a cross-section of people who have a stake in vocational rehabilitation services. Seven (7) people with disabilities are members of the board. Three members are graduates of Partners in Policymaking.

The Board of Service to the Blind and Visually Impaired (BSBVI) is appointed by the Governor as both advisors and partners to the Division of Service to the Blind and Visually Impaired. A minimum of 50% of the board must be blind or visually impaired. Nine (9) members have been consumers of services. One person is a graduate of Partners in Policymaking.

Since 1994, the Family Support Council has been involved with the design, implementation, regulation and evaluation of family support services in South Dakota. The Council is composed of 15 members who are adults with DD or family members of children or adults with DD. This Council provides valuable information to the Division of DD with regard to the local and statewide family support programs. Eight members of this Council are graduates of Partners in Policymaking.

The Workforce Development Council oversees implementation of workforce training programs funded by the Workforce Investment Act. Members represent various business, labor and education interests. A majority of the members are from the private sector. Council members include representatives of the state departments of Labor and Regulation, Education, Human Services, Economic Development, and Board of Regents.

DakotaLink is the South Dakota Assistive Technology (AT) Act Project. DakotaLink provides information and referral on AT devices and services, presentations, device trials through short

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term equipment loans and demonstration of AT devices. Through a fee for service agreement with several agencies, they also provide individual evaluation and assessment of AT needs, equipment setup and proper use training and equipment sales. South Dakota AT4All is a free, web-based equipment recycling program where un-needed devices and medical equipment are listed for sale, loan or donation.

(iv) Quality Assurance:

Continuous quality improvement monitoring of DD services include: 1) DDD collects and analyzes monitoring information and 2) the Department of Health conducts biennial physical facility standards compliance reviews for all settings owned or leased by qualified providers.

SMART (Systemic Monitoring and Reporting Technology) is an online review system to compile and calculate Health & Welfare performance measures for the CHOICES waiver. SMART facilitates DHS/DDDs review of compliance including all critical incident reporting, medication management and administration and the use of highly restrictive procedures. SMART aligns existing quality assurance and improvement processes with federal reporting requirements while concurrently producing meaningful information for systemic improvement. SMART engages qualified providers in the remediation of problems discovered and systemic improvement of their certification requirements.

The Council on Quality and Leadership (CQL) accredits qualified providers in South Dakota. CQL ensures accountabilities for health, safety and welfare through provider compliance reviews of licensing and certification standards. CQL compiles systems and practices data from providers to identify trends and gaps requiring systemic improvement. Data can be analyzed at the provider level as well as statewide and nationally.

The Department of Human Services' Internal Waiver Review Committee (IWRC) reviews information and trends related to the CHOICES Waiver, Family Support Waiver, Personal Assistance Services Waiver and Activities of Daily Living Services Waiver. The committee consists of the program specialists who manage each waiver and fiscal staff as well as staff from the Department of Social Services which oversees all Medicaid Waivers in our state.

DDD has an online reporting system for Critical Incident Reports (CIR). The system allows CSPs to submit required reports electronically and allows DDD to analyze the data. CIR Annual Reports are issued based on the calendar year. The population covered by the CIR system includes people receiving CHOICES waiver services, community training services and private Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID). Beginning in 2010, CSPs began submitting incidents for non-division funded persons who provided releases of information.

National Core Indicators (NCI) is a collaborative effort between the National Association of State Directors of DD Services (NASDDDS) and Human Services Research Institute. The purpose of the program is to gather a standard set of performance and outcome measures that can be used to track performance and satisfaction over time, to compare results across states and to establish

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national benchmarks. South Dakota has participated in NCA since 2002. DDD partners with the USD Center for Disabilities to conduct the face-to-face interviews of waiver participants.

(v) Education/Early Intervention:

According to the December 2020 Department of Education statistics, there were 21,664 students identified through Child Count activities as receiving Special Education Services. Special needs students represent 15.8% of the total K-12 student enrollment of 139,442.

The State Interagency Coordinating Council members are appointed by the Governor and work as a committee to advise and assist the Department of Education on identifying appropriate services for children ages birth to 3.

The South Dakota Head Start State Collaboration Office is located within the Department of Education. The Collaboration Office supports the development of multi-agency and public and private partnerships at the state and national level, facilitates collaboration among Head Start agencies and other entities that also provide services to economically disadvantaged children from birth to school entry and their families, and builds partnerships to leverage common interests around young children and their families. The 2021 needs assessment showed the top training interests were effective transitions, child and family trauma, recognizing and addressing substance misuse and mental health for families.

Head Start is designed to meet each child's individual needs by providing a self-paced approach to education. It also aims to meet the needs of the community served and its ethnic and cultural characteristics. Various program options: center based, home based, combination center/ home based, and school cooperative programs are available to families according to program resources and community needs. During 2020, 38,654 home visits were conducted, 664 children received a behavioral health treatment plan and 95 parents received job training. Long term impact of Head Start programs include participants are 12% less likely to live in poverty as adults and 29% less likely to receive public assistance; it may help at-risk kids from ending up in the foster care system; and Head Start parents have steeper increases in their educational attainment by the time their children are six years old.

Members of the South Dakota Advisory Panel for Children with Disabilities are appointed by the Governor to advise the Department of Education, Special Education Programs (SEP) on issues related to students with disabilities. The Panel conducts public meetings, advises the SEP on the State Performance Plan and the Annual Performance Report. There are 16 members on the panel and a majority of the members must be individuals with disabilities or parents of children with disabilities (ages birth through age 26). Currently four members are graduates of Partners in Policymaking.

The Division of Rehabilitation Services is a partner with the Office of Special Education for the Transition Services Liaison Project (TSLP). Regional Transition Liaisons provide support and technical assistance to students with disabilities and their families, and local education agencies

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seeking information on transition planning. Liaisons are involved with Project Skills, Youth Leadership Form, Regional Transition Forums and Catch the Wave events.

Regional Transition Forums are informal and interactive meetings for providers of services to share information with transition-age students with disabilities, as well as families and teachers.

Catch the Wave is a one-day conference designed specifically for high school students who have a disability and are considering post-secondary education (either college or technical institutes). Students learn about preparing for college life, securing appropriate accommodations, and developing self-advocacy and communication skills. Highlights of the conference are panel discussions with individuals who have a disability and have experienced a post-secondary setting, as well as disability coordinators discussing entrance and eligibility requirements.

The Youth Leadership Forum enables young adults who have a disability to learn from each other and from successful adults with disabilities who are recognized leaders and role models. Students learn more about their own disability and others' disabilities, to analyze their own strengths and weaknesses and to make decisions, organizational skills, learn different leadership styles, learn about the legislative process and disability laws, how to influence others, etiquette, and much more.

Council staff have been participating in the Early Learner South Dakota (ELSD) sub-group of SD Association for the Education of Young Children. This broad group of stakeholders meets quarterly while the committees that work on Data and Public Policy & Marketing meet more frequently. One topic discussed was creating a list for all childcare providers both registered or licensed and unregistered (a provider can care for up to 12 children without being registered or licensed with the state) so that information can be shared more broadly with all childcare providers. Current preschool options range from community-based to private providers to schools with no financial support from the state. PSAs have been used to promote who is an early learner, brain development and more. Future activities include possible legislation and advocacy training for all stakeholders.

(vi) Housing:

(vii) Transportation:

(viii) Childcare:

The Department of Social Services, Office of Child Care services provides assistance to low-income families who need help with childcare costs while parents work or attend school. They also provide oversight, technical assistance and support in promoting safe, healthy and caring environments for children through licensing, registration and quality improvement activities. The availability of quality childcare is not only important for maintaining a strong workforce, it is vital for the growth and development of healthy children.

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The Division of Child Care Services provides childcare facility development, direct childcare assistance payments for qualifying families, training and technical assistance for child care and afterschool programs, licensing and registration of child care and afterschool programs and an online listing of registered and licensed child care providers in South Dakota.

Eligibility for financial assistance is based on the family's gross income and household size. The program helps pay for childcare for children under age 13 (or up to age 18 for children with special needs) if the family's income is less than 175% of the Federal Poverty Level.

The Division of Child Care partners with five Early Childhood Enrichment (ECE) programs across the state to deliver a variety of services focused on parents, childcare and afterschool providers. The ECE statewide training system was established to meet the growing demand for early childhood and school-age training and to help recruit and retain quality childcare providers across South Dakota. ECE programs offer a systematic approach to providing early childhood and school-age education services and technical assistance. Services are available to all childcare and afterschool providers, parents and others involved in the day to day care of children and youth. The five ECE sites provide classroom-style, online and on-site training including professional growth classes on issues such as child development, age-appropriate activities, effective guidance and program management; on-site technical assistance and coaching to help providers gain knowledge and put knowledge into practice; telephone consultations for early care and education professionals and parents; promotion of health, safety and development of young children in early childhood and out of school time programs; educating parents to help families to make informed choices when selecting a child care program for their child; and informing the community about child care issues.

The Division of Child Care Services partners with the regional ECE sites to increase awareness and knowledge of resources and services available for families of children with special needs to include infants and toddlers. Families experiencing difficulty in finding and/or maintaining childcare for an infant or toddler with special needs can receive special services on a case by case basis. The team consists of regional ECE staff, licensing specialists, subsidy program specialists and others depending on the need. The goal is to ensure the most appropriate care setting for the child and that caregivers are properly trained and compensated. Also at the local level, parenting classes are available through the ECE training system for those with children age birth to three. The classes emphasize responsive caregiving and include support for children with special needs. These classes are offered throughout the year at no cost.

(ix) Recreation:

PART C. Analysis of State Issues and Challenges [Section 124(c)(3)(C)]:

(i) Criteria for eligibility for services*:

An analysis of the eligibility criteria for services shows that a person's eligibility for services can be impacted by eligibility for other benefits such as Medicaid or SSI and income guidelines. Eligibility

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for developmental disabilities services is limited by federal waiver requirements such as limited income and resources and the person must meet the need for institutional care if services were not available in the community. The state offers a limited program for people not meeting the criteria for institutional care. Many programs required the person to meet federal poverty guidelines and have limited resources.

Public comments at various events included that the completion of paperwork for some programs can be very time consuming; parents seldom know how the services integrate with each other; and parents are not sure of their role as the child moves through transition to adult services.

The following paragraphs outline the eligibility criteria for a number of programs available to people with intellectual and developmental disabilities (IDD).

South Dakota Codified Law 27B-1-18 defines a developmental disability as any severe, chronic disability of a person that:

1. Is attributable to a mental or physical impairment or combination of mental and physical impairments;
2. Is manifested before the person attains age 22;
3. Is likely to continue indefinitely;
4. Results in substantial functional limitations in 3 or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency; and
5. Reflects the person's need for an array of generic services, met through a system of individualized planning and supports over an extended time, including those of a life-long duration.

CHOICES and Family Support 360 Waivers have eligibility criteria that "waive" the institutional level of care so people receive services in their communities. Eligibility for the Family Support 360 and CHOICES Waivers (both are Medicaid/Title XIX home and community-based services waivers) is determined by the Department of Social Services' Division of Economic Assistance.

The following criteria are used for both the CHOICES and Family Support 360 Waivers to determine if a person has a developmental disability. Administrative Rules of South Dakota (ARSD) 67:54:04:05 provides the criteria for determining developmental disability. The provider shall maintain documentation signed by a physician or psychologist which indicates that the individual is developmentally disabled. An individual is considered developmentally disabled if the individual meets all of the following criteria:

1. The individual has a severe, chronic disability attributable to intellectual disability, cerebral palsy, epilepsy, head injury, brain disease, autism, or other condition which is closely related to intellectual disability and requires treatment or services similar to those required for the mentally retarded. To be closely related to intellectual disability, a condition must cause impairment of general intellectual functioning or adaptive behavior similar to that of intellectual disability;

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2. The disability manifested itself before the individual reached the age of 22; and
3. The disability is likely to continue indefinitely.

To be eligible for the Family Support 360 Waiver the individual must live in their own home or in a family member's home on a full-time basis; and the individual's monthly income must be less than 300% of the SSI Standard Benefit Amount and resources must be less than \$2,000. Income and resources of the parents are not considered to determine eligibility.

ARSD 67:54:09:12 describes eligibility for family support services as follows: The department shall apply the provisions of chapters 67:16:01, 67:46:01 through 67:46:05, inclusive, 67:46:07, and 67:46:08 when determining eligibility for services provided under this chapter. The individual shall be receiving SSI or be aged, blind, or disabled and have income less than 300% of the SSI standard benefit amount. In addition, the following requirements must also be met:

- (1) the individual is developmentally disabled under the provisions of § 67:54:03:03 or, if the individual is age birth through two years of age, the division has documentation from the Department of Education that indicates the child has been identified as needing prolonged assistance;
- (2) for individuals age four and above, the individual has substantial deficits as exhibited by completion of an Inventory for Client and Agency Planning (ICAP);
- (3) the individual is in need of and eligible for placement in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) based on findings that the individual has a substantial functional limitation in three or more of the functional areas; and
- (4) an individualized service plan for the individual that has been prepared.

Eligibility for the CHOICES Waiver includes meeting the long term care requirements, having a developmental disability, residing in the home of a parent, other relative or legal guardian; or residing in an adult foster care home or special therapeutic foster home licensed by the Department of Social Services; or residing in a community residential, supervised apartment or community habilitation facility approved by the Department of Human Services; or residing in an individual's own home; and the person's monthly income must be less than 300% of the SSI Standard Benefit Amount and resources must be less than \$2,000. ARSD 67:54:04:03 and 04 describe financial eligibility and eligibility if denied SSI disability benefits.

The Respite Care Program is available to any family having a child or adult family member who has a developmental disability, a developmental delay (children only), a serious emotional disturbance, a severe and persistent mental illness, a chronic medical condition (children only), a traumatic brain injury, or a child they have adopted may be considered for respite care services. There is no income eligibility requirement. There is no age limit (except those disabilities listed as for children only); however, the child or adult must live with a parent or family member.

The SD Developmental Center (SDDC) provides supports and services for individuals with an intellectual disability who meet the established eligibility criteria when suitable community supports and services are not available. Individuals admitted to SDDC must be in need of active

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treatment and be likely to benefit from placement at SDDC. There are four different eligibility criteria for placement at SDDC.

Criteria 1 - Eligibility for the Intermediate Care Facility for Individuals with Intellectual Disability (ICF/IID) – An ICF/IID is to furnish health or rehabilitative services to persons with intellectual or developmental disabilities or other related conditions. Persons with other related conditions means individuals who have a severe, chronic disability that meets all of the following conditions: 1) is attributable to a) cerebral palsy or epilepsy; or b) any other condition, other than mental illness, found to be closely related to intellectual disability because this condition results in impairment of general intellectual functioning or adaptive behavior similar to that of individuals with intellectual disabilities and requires similar treatment or services; 2) is manifested before the person reaches age 22; 3) is likely to continue indefinitely; 4) results in substantial functional limitations in 3 or more of the following areas of major life activity: self-care, understanding and use of language, learning, mobility, self-direction, capacity for independent living.

Criteria 2 – Eligibility and Need for ICF/IID Services – To be eligible for these services under Medicaid, the following criteria must be met: 1) must be eligible for Medicaid under ARSD 67:16; must be developmentally disabled; and the utilization review team must have determined that the individual is in need of ICF/IID services pursuant to ARSD 67:54:03:04. To be determined in need of ICF/IID services, the individual must have a substantial functional limitation in 3 or more of the following functional areas as determined by a completed Inventory for Client and Agency Planning (ICAP): self-care, receptive and expressive language, learning/general cognitive competence, mobility, self-direction, capacity for independent living and economic self-sufficiency.

Criteria 3 – The individual must have unsuccessfully received treatment in a less restrictive environment.

Criteria 4 – The individual must display behaviors that are dangerous or cause concern for the safety of the individual or others.

Vocational rehabilitation services are available for individuals with a disability (i.e., an individual who has a physical or mental impairment which constitutes or results in a substantial impediment to employment), be able to benefit from vocational rehabilitation services in achieving an employment outcome, and require vocational rehabilitation services to prepare for, enter, engage in, or retain gainful employment.

Independent Living Services are available to an individual with a significant disability (physical, mental, cognitive or sensory impairment) whose ability to function independently in the family or community or whose ability to obtain, maintain, or advance in employment is substantially limited; and for whom the delivery of independent living services will improve the ability to function, continue functioning, or move towards functioning independently in the family or community or to continue employment.

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The Department of Education's (DOE) Administrative Rules (24:05:24.01:01) define students with disabilities as "students evaluated in accordance with chapter 24:05:25 as having autism, deaf-blindness, deafness, hearing loss, cognitive disability, multiple disabilities, orthopedic impairment, or other health impairments, emotional disturbance, specific learning disabilities, speech or language impairments, traumatic brain injury or vision loss, including blindness, which adversely affects educational performance and who, because of those disabilities, need special education or special education and related services." DOE's Birth to Three Connections provides early intervention services, at no cost, for children from birth to age 3 who have a disability or a developmental delay.

Head Start and Early Head Start Programs have eligibility requirements for total program enrollment. Of the total program enrollment, 90% must be children of families who meet federal regulated income guidelines determined by the US Department of Health and Human Services. Ten percent of the total program enrollment may be above these federal income guidelines and 10% must include children with identified disabilities. Residency within the Head Start programs geographical service area is generally required. Families with infants and toddlers ages 0-3 and pregnant women who meet federally regulated income guidelines are eligible to participate in Early Head Start. Children must be 3 or 4 years old by September 1 to be eligible for Head Start Program services.

Delta Dental of South Dakota provides the Dakota Smiles Program. This is a dental outreach program that brings care directly to underserved children all across South Dakota. The program treats children ages 0-21. The program mission is to treat children without access to dental care, which includes those children who have not seen a dentist within the past two years and/or those that live more than 85 miles from a dentist. No child is turned away for an inability to pay.

- (ii) Analysis of the barriers to full participation of unserved and underserved groups of individuals with developmental disabilities and their families*:

South Dakota's demographics create a challenge in attempting to provide services to people with developmental disabilities. The state encompasses 75,885 square miles with a 2019 US Census estimated population of 867,305. South Dakota has only two cities of 50,000 or more people, Rapid City and Sioux Falls, on opposite ends of the state. In South Dakota, only 10.7 people on average inhabit each square mile. South Dakota has 9 federally recognized tribes within its boundaries. Most of the reservations are geographically isolated in frontier locations. Community Support Providers are in only 17 communities throughout the state, and none are on a reservation.

The state's population by race is 84.4% white and 9% American Indian. Our median household income is \$56,499. Nearly 13% of SD households live below 100% of the Federal Poverty Level, with the 10 poorest counties either part of or adjacent to SD's reservations. Reservations experience significantly higher poverty levels ranging from 22.3-48.6%.

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South Dakota's rural nature presents challenges for service delivery. Rural communities face difficulties maintaining a healthcare workforce, and most cannot compete with wages and amenities available in more urban locations. The cost of delivering services is greater as distances can be significant. The rural nature of the state impacts all citizens but does add to the access of services issue for people with intellectual and developmental disabilities, particularly in the areas of proximity to services for evaluations and availability of services.

For Native Americans living on and off the reservations, barriers may include a lack of knowledge and understanding of the service system and people are not as connected to information about services and supports. Other barriers include community attitudes, transportation, limited or no employment opportunities, lack of trained personnel, housing, the delivery of service maze includes State and Tribal programs, high rate of co-occurring disorders, lack of communication options and lack of independent living services on the reservations.

The unserved and underserved population identified by the Council as its Targeted Disparity Group is Native Americans with disabilities and their families.

(iii) The availability of assistive technology*:

DakotaLink is South Dakota's program for linking people with assistive technology devices and services in situations where the person's day-to-day functioning is impaired due to a disability, injury or aging.

DakotaLink has certified assistive technology specialists in 4 locations throughout the state to provide information and training on assistive technology devices statewide. There are for-profit providers of assistive technology devices and services (beyond medical equipment) located in the two largest cities of South Dakota. This leaves a large portion of rural South Dakotans with no close resources on assistive technology. In an effort to address that issue and others, DakotaLink sites maintain an array of devices for a person to view and try for a limited time prior to making the decision to purchase.

DakotaLink encourages device recycling through South Dakota AT4ALL. This web-based resource is an easy and efficient way to locate, sell, donate or recycle used assistive technology devices, including durable medical equipment.

A lack of funding assistance for assistive technology for people with limited incomes is a challenge. There are few dollars available to assist people with disabilities and their families in purchasing assistive technology. Medicaid and other agency rules sometimes prohibit the purchase of a device or a device that has more than one purpose (i.e., a Dynavox can cost \$3000 while an I-pad and applications for communicating with symbols could cost \$800 and also be used for other purposes).

Another challenge is how to keep families and people with developmental disabilities informed of new assistive devices and technologies being developed. DakotaLink participates in several

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conferences that reach people with developmental disabilities, their families and service providers, but a majority of people do not attend those conferences and must rely upon their service providers, family and friends to share information about assistive technology that is available.

Since 2016, the Division of Developmental Disabilities has piloted technology options with four Community Support Providers to assess participant autonomy and create a framework to offer providers flexibility to reallocate staffing resources while increasing focus on community integration and goal attainment through use of technology. DDD is overseeing the use of remote supports, sensors and applications that promote independence in accessing transportation. DDD is considering incorporation of technology use in the CHOICES waiver renewal. Pilots included remote supports and sensor technology; remote supports during overnight hours and use of the ABLeLink WayFinder 3 travel technology.

(iv) Waiting Lists*:

Year	State Pop (100,000)	Total Served	Number Served per 100,000 state pop.	National Average served per 100,000	Total persons waiting for residential services needed in the next year as reported by the State, per 100,000	Total persons waiting for other services as reported by the State, per 100,000
2017	869,666	5768	663		0	0
2016	869,454	5768	666		0	0
2015	858,469	5757	671		0	0

a) Entity who maintains wait-list data in the state for the chart above:

- ☐ Case management authorities
☒ Providers
☐ Counties
☐ State Agencies
☐ Other _____

b) There is a statewide standardized data collection system in place for the chart above:

- ☐ yes
☒ no

c) Individuals on the waitlist are receiving (select all that apply) for the chart above:

- ☐ No services

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- ☐ Only case management services
- ☐ Inadequate services
- ☒ Comprehensive services but are waiting for preferred options (e.g., persons in nursing facilities, institutions, or large group homes waiting for HCBS)
- ☐ Other _____

- d) To the extent possible, provide information about how the state places or prioritizes individuals to be on the waitlist:

There is no state waiting list for services.

- e) Description of the state's wait-list definition, including the definitions for other wait lists:

Not known

- f) Individuals on the waitlist have gone through an eligibility and needs assessment:

- ☐ yes
- ☐ no

- g) There are structured activities for individuals or families waiting for services to help them understand their options or assistance in planning their use of supports when they become available (e.g., person-centered planning services):

- ☐ yes
- ☐ no

- h) Specify any other data or information related to wait-lists:

- i) Summary of Waiting List Issues and Challenges

An analysis of the available waiting list information reinforces the fact that there is limited information available. There is no information available regarding people with intellectual and developmental disabilities who are waiting for services that are more self-directed or not based in an agency setting; or the number of underserved or unserved people with developmental disabilities who need supports to be successful but do not meet eligibility criteria for current waiver services; there is no method for determining how many people currently receiving services would like to see their services change (i.e. how many working in a sheltered workshop setting would like to be working in competitive or supported employment).

- (v) Analysis of the adequacy of current resources and projected availability of future resources to fund services*:

South Dakota's Legislature approves a balanced budget each year. South Dakota has maintained a reserve fund and state agencies continue to work with limited inflationary increases for the most part. With term limits for Legislators in the House and Senate, continued education about

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services and issues is needed. South Dakota has weathered the pandemic with sales tax revenue maintaining or growing in some areas.

The Community Support Providers of SD provided the following statistics to the 2021 Legislative Appropriations Committee. Trend Information: Turnover for DSPs during FY2020 was 40%. FY2020 DSP Starting wage was \$13.40/hour. Agencies and providers continue to discuss the need for higher rates for services in order to pay direct support professionals a living wage and reduce turnover and overtime costs.

Past Legislatures have provided expansion dollars for additional family support programs (proven to be a cost-efficient way to provide services to families with children and adults with IDD) and expansion dollars for costs associated with students who are entering the adult service system from the education system.

Rates of reimbursement for provider services are reviewed regularly and recommendations for change often occur in conjunction with Legislative Budget Requests and the HCBS Waiver renewal process.

- (vi) Analysis of the adequacy of health care and other services, supports, and assistance that individuals with developmental disabilities who are in facilities receive *:

The review of the services and supports available at the SD Developmental Center (SDDC) show that SDDC has been changing in many positive ways over the years. The current number of people served at SDDC is 78. A majority of the people served at SDDC are referred from Community Support Providers who are unable to provide the level of support a person needs due to challenging behaviors or other issues. All programs at SDDC have a transition component including a transitional living area. These transitional services provide an opportunity for people getting ready to move back to the community to have a less structured but supervised environment to develop and practice skills needed for community living.

SDDC has been actively involved with the Person-Centered Thinking Skills and Organizational Change activities as well as the Supporting Families Community of Practice. They have used these practices to 1) foster a learning environment that supports a cooperative partnership resulting in people having positive control over their lives; 2) assist in determining what is important “to” each person served in addition to what is important “for” the person; 3) enhance, reinforce, and strengthen a person’s natural supports whenever possible; 4) promote independence and instill a sense of self-determination and well-being; and 5) provide high-quality standards of services which support a therapeutic environment and result in a balanced life for the person.

SDDC promotes the person-centered approach to provision of supports. Program development for each person begins with a thorough assessment of all areas of daily living. The person and their guardian and family are integral members of the Interdisciplinary Team that works together to find a balanced treatment plan. Supports and treatment are offered in the areas of mental health, transition, healthcare, vocational, dietary and therapeutic recreation.

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SDDC works closely with the Division of DD through an Outplacement Workgroup. An outplacement/waiting list is used to track people who no longer meet criteria to remain at SDDC or whose community placement is jeopardized. The list also provides data regarding capacity issues for the community and SDDC. SDDC provides consultation services to community support providers to reduce the number of emergency admissions to the Center. SDDC and the Division of DD collaborate in the development and implementation of specialized programs for PICA behaviors, wandering, sexual offending, autism, and traumatic brain injury.

- (vii) To the extent that information is available, the adequacy of home and community-based waivers services (authorized under section 1915(c) of the Social Security Act (42 U.S.C. 1396n(c))*):

A review of Home and Community Based Services (HCBS) Waivers encompasses both the CHOICES and Family Support Waivers administered by the Division of Developmental Disabilities (DDD).

CHOICES Waiver services are provided by Community Support Providers (CSPs) across the state. Challenges remain when salaries paid to direct support professionals have not remained competitive throughout much of the state; and finding enough qualified workers is an issue. Family Support programs have proven to be cost effective and provide eligible families with service coordination and limited funding to purchase services.

Results from the In-Person Survey for 2018-2019 indicate the following satisfaction outcomes:

- 90% reported they like where they live.
- 97% of respondents with a paid community job reported they like their job.
- 19% of respondents with a paid community job want to work somewhere else.
- 33% of the respondents do not have a guardian; 5% have a limited guardianship and 60% had a full guardianship.
- 85% of guardians are family members, 2% are friends, 7% are public guardians, 2% have a non-profit guardianship agency, and 5% other
- 6% of respondents reported they use a self-directed supports option.
- 12% of respondents often feel lonely.
- 62% of respondents take at least one medication for mood, anxiety or psychotic disorders and 18% take medication for behavioral challenges. Of these respondents, the number of medications taken for mood, anxiety or psychotic disorders were: 7% take 5-10 medications, 28% take 3-4 medications and 66% take 1-2 medications. Of these respondents, the number of medications taken for behavior challenges were: 4% take 5-10 medications, 11% take 3-4 medications and 85% take 1-2 medications.
- 89% of respondents reported that their staff treats them with respect.
- 37% have participated in a self-advocacy meeting, conference or event or were given the opportunity and choose not to.
- 40% of respondents have voted in local, state or federal election or had the opportunity and chose not to.
- 23% of respondents reported there is at least one place where the person feels afraid or scared (in home, day program, work, walking in the community, in transport or another place).

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The Adult Family Survey was completed by a random sample of families of an adult with a developmental disability living in the respondent's home and who received at least one direct service or support other than service coordination.

- 79% of respondents had full guardianship; 4% limited guardianship; 4% did not know the level of guardianship; and 13% had no guardianship.
- 44% of respondents received services when needed during a crisis or emergency during the past year.
- For the 47% of respondents whose family member had a transition plan, the transition plan included getting or continuing work in a community job.
- 63% of respondents said their family member had enough supports to work or volunteer in the community.
- 79% of respondents reported that services are delivered in a way that is respectful of their family's culture.
- If the family member uses mental health services, does the mental health professional understand your family member's needs related to their disability? 59% always, 28% usually, 11% sometimes and 2% seldom.
- If you need respite services, how often are you able to use them? 19% always, 29% usually, 27% sometimes, and 24% seldom or never
- Overall, are you satisfied with the services and support your family member currently receives? 37% always, 46% usually, 14% sometimes and 3% seldom or never
- 95% of respondents felt that services and supports have made a positive difference in the life of their family member.

The Family/Guardian Survey provided results from families who have an adult with a developmental disability who does not live with the respondent and who received at least one direct service in addition to case management from the state DD agency.

- 60% of respondents had full guardianship; 17% limited guardianship; 7% did not know the level of guardianship; and 16% had no guardianship.
- 58% of respondents reported that case managers respect their family's choices and opinions.
- Are services delivered in a way that is respectful of their family's culture? 73% always, 24% usually, 2% sometimes and 1% seldom or never.
- If the family member uses mental health services, does the mental health professional understand your family member's needs related to their disability? 69% always, 25% usually, 3% sometimes and 3% seldom.
- Issues that make it hard for your family member to take part in activities in the community –33% lack of support staff, 21% lack of transportation, 21% other, 20% cost and 5% stigma.
- Overall, are you satisfied with the services and support your family member currently receives? 41% always, 50% usually, 7% sometimes and 2% seldom or never
- 95% of respondents felt that services and supports have made a positive difference in the life of their family member.

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The Child Family Survey is completed by families who have a child with a developmental disability living with the respondent and receives at least one service other than case management from the state DD agency.

- 80% of respondents reported that case managers/service coordinators respected their family's choices and opinions.
- 51% of respondents received services when needed during a crisis or emergency during the past year.
- 62% of respondents had a transition plan for their child.
- Is the information you get about services and support easy to understand? Always 30%, usually 53%, sometimes 15% and seldom/never 3%.
- If the family member uses mental health services, does the mental health professional understand your family member's needs related to their disability? 59% always, 35% usually, 5% sometimes and 1% seldom.
- If you need respite services, are you able to get/use them? 32% always, 33% usually, 16% sometimes, and 19% seldom or never
- 83% of respondents reported that services are delivered in a way that is respectful of their family's culture.
- Overall, are you satisfied with the services and support your family member currently receives? 39% always, 50% usually, 9% sometimes and 2% seldom or never
- 99% of respondents felt that services and supports have made a positive difference in the life of their family member.

PART D. Rationale for Goal Selection [Section 124(c)(3)(E)]:

Community Services and Supports – Using four of the five most important areas from the first survey, the Council developed the draft goal for the area of Community Supports and Services (including recreation/socializing with friends in the community; employment; Transportation; availability of community-based services). And the other topics that were also highly rated fit into this category as well – health, quality of services, and transitioning youth from school to post-secondary education or work.

Strategies suggested by people with disabilities included information, resources, and training on employment, transitioning to work, health, supported decision making and guardianship, housing, technology (providing basic laptop and training for everyone), building community friendships. Family members and guardians suggested strategies dealing more with policies to make services more accessible, affordable and better quality - supports in a person's hometown, more options for childcare (in-home nursing, limited availability for teens with disabilities), better pay and more universal training for DSPs to increase quality of services. For government or community organization staff who responded, suggested strategies requiring information sharing, advocacy and policy changes such as technology needs for students, lack of affordable housing, lack of culturally appropriate services/materials; youth still seem unprepared when leaving school, and transportation (access in rural areas, cost and flexibility).

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Using these recommendations, the Council prioritized the sharing of information and resources, collaboration with other entities on professional development for community-based service providers, family members and guardians and people with disabilities, and improved policies and practices related to transition age youth. Additional areas will be added throughout the five years of the state plan.

Mental Health - In October 2019 Council members discussed the area of Mental Health noting the following issues: there is a problem finding counselors to work with people with I/DD; law enforcement doesn't know what to do a lot of times; people with I/DD are being charged with assault; counselors are not using appropriate techniques to get connection and change from people with I/DD; there is limited training for counselors – generalist coursework; need more collaboration between the Department of Human Services (DHS)(I/DD services) and Department of Social Services (DSS) (behavioral health services); too many incidents at schools; primary care providers see all the behaviors as part of the DD diagnosis and children/youth are not screened for mental health; trauma informed care – person is admitted for mental health but reaction/behavior was trauma related; is there a good assessment tool? – trauma? mental health? disability?; and do agencies need more training - mental health, health care providers, etc.

In January 2020 staff from DSS shared information about both outpatient and in-patient behavioral health services funded by state and federal funds. During the summer of 2019 there were 5 legislative interim committees on mental health. DDD provided an update on services and supports as well as changes within the DDD/Office of Clinical Administration to change Resource Coordinators who focused a lot on information and referral to Intervention and Support Specialists who are certified in Safety Care (have BCBA [Board Certified Behavior Analyst] level of competencies and skill set). DDD piloted a Community Collaborations project with a few community support providers to identify actions that are trending towards a higher level of care and provided consultation within any area of services (group home, day program, etc.) to be less reliant on community mental health services, law enforcement, the Human Services Center or other high levels of care. In the spring of 2020 DHS hired a contractor to review the continuum of care for people with IDD. SD Developmental Center (SDDC) shared information including that SDDC supports people with the most significant challenges and has 6 behavioral therapists on staff who work with people at SDDC and consult with community support providers.

Following the information sharing, discussion by Council members included:

- 1) is there support to convene a group to look across systems (mental health, developmental disabilities, health, etc.)? DSS is always open to working with DHS/DDD, SDDC and HSC. Just as important for local providers to meet with each other. Mental health providers struggle to work with IDD population that is why the pilot program and SDDC are so important to building capacity with the DD system.
- 2) Mental health is a crisis across the country. Have legislators put funding towards mental health?
- 3) Is there a need for a graduate level certification for counseling and healthcare that focuses on developmental disabilities.
- 4) The Center for Start Services is an evidence-based practice that is proven to be cost effective and offers competencies from screening to supports.

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- 5) Project AWARE is a federal grant that DSS and Department of Education received to increase mental health services in schools. It is based on a System of Care Coordination (mental health staff placed in schools). Training for parents and teachers will be included in the future. NAMI (National Alliance for the Mentally Ill) will also do training with schools. Determination of pilot schools was based on need and area (i.e., rural, low income, etc.)
- 6) Is there a need for short-term emergency care? 1-2 days of structured care when in crisis rather than jail? DSS staff added that what is needed is not a one size fits all approach. Now, after 24 hours someone goes to the Human Services Center (HSC, the state's only mental health institution) (except Sioux Falls and Rapid City). The Legislative Committee recommended a change in statutes to allow up to 5 days in a residential facility or other 24/7 care facility. This could be accessed on a voluntary basis.
- 7) How do we continue to support people in the community when in crisis? The courts and law enforcement have been supportive and understanding. We lack capacity within the community. Volunteers of America-Dakotas has done competency restoration. Good steps – Community Collaboration and Safety Care. Crisis respite can be a Waiver services but how to fund it. Could the courts and education systems buy-in to provide match for Medicaid Waiver? States that are doing well – do so only after litigation.
- 8) There used to be a circuit – someone was at HSC, then moved to SDDC, then back to HSC and back to SDDC. DSS staff shared that this does not happen as often now. When someone comes to HSC but really has mental health and developmental disabilities, mental health supports them but now working with DD providers.
- 9) How many people are still waiting in jail for restoration? DSS staff shared that number is less than 10. SDDC has less than 20 waiting for restoration. Bed capacity at HSC is a concern due to Registered Nurses not being available and this has caused 2 units to be closed. Outpatient restoration is possible for some while others need psychiatric hospitalization. The person needs education and to know the court process. The Legislative Task Force recommend modifying the statute so that restoration can happen in other settings (i.e., jail). For people with DD, VOA does competency restoration and testing. SDDC has 8 people receiving competency training.
- 10) Where does trauma-informed care fit in this process? Any efforts to bring this to services? Too often, trauma is mistaken for behavior. DSS staff shared that community mental health centers and HSC do training on this topic. There is training for mental health personnel within the prison system. A specific curriculum is used at the Women's Prison. SDDC hosted Dr. Karen Harvey and staff receive training. DSS staff shared that Mental Health First Aid Training has been ongoing throughout the state for law enforcement and mental health providers.
- 11) Families don't know about services. Could there be a clearinghouse of what is available for providers and families?
- 12) What about people who fall through the cracks? DDD shared that many times families keep it together until the parents need services. DD services require the age of onset to be before age 22. Often DDD can determine the likelihood that the disability started before age 22 from other types of reports and evaluations.
- 13) Could the Council help get info out to other agencies about the pilot or other information?
14. For children who have graduated or home school/private school students - Is there training for community services such as children's museum and YMCA staff, coaches, etc.? To provide a general understanding of mental health – possibly online?

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Based on the survey results and hours of discussion at Council meetings, the Council decided to pull Mental Health from the Community Services and Supports area to be a separate goal.

Strategies suggested by people with disabilities and government, or community organization staff were information, resources, and training on mental health. Family members and guardians suggested strategies dealing with policies to make services more accessible, affordable and better quality and a focus on supports for youth with aggressive behaviors.

Using these discussions and recommendations, the Council prioritized an assessment of the capacity of the mental health and DD systems currently, collaboration with others on education and awareness activities, and focusing events/resources for family caregivers and direct support professionals who support people with IDD who also have mental health challenges. Additional areas will most likely be added throughout the five years of the state plan.

Advocacy and Leadership - Although not in the top five most important areas from the first survey increasing self-advocacy and leadership skills was very highly rated. The Council determined that advocacy and leadership skills for people with disabilities and their families/guardians was a continued need and would be important to maintaining quality services and supports.

Strategies suggested by people with disabilities included information, resources, and training on becoming a true leader, supported decision making and guardianship, technology, and building community friendships. Family members and guardians suggested strategies that teach people with disabilities about finances, making purchases, writing checks and spending wisely, employment and volunteering to build on natural supports. Other comments specific to self-advocacy included: speakers in our local area, meeting new people and having friends, more adult education, meaningful job opportunities, training on how to build more connections in the community, meaningful participation on boards and councils, ensure that all youth get training on self-determination skill development, teach individuals to know their rights, what benefits/medical insurance they have and what their money is spent on.

Based on these recommendations, the Council prioritized continuation of activities such as Partners in Policymaking, Youth Leadership Forum and SD Advocates for Change. Continuation of the Native American Advocacy and Leadership project started in the last state plan, was considered a high priority since people with disabilities and their families face many challenges to receiving services and supports, particularly in reservation areas.

Collaboration [Section 124(C)(3)(D)]

The South Dakota DD Network includes the Center for Disabilities, Disability Rights South Dakota (DRSD) and the SD Council on Developmental Disabilities. The directors and/or staff of the DD Network meet monthly to share current activities, ask questions and share information, discuss opportunities for collaboration and to plan for current and future activities. Recently the DD Network has focused on vaccine access/hesitancy among people with disabilities and direct support professionals, voting issues, broadly sharing each other's messages and events through social media and list serves, collaborating on

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a first ever South Dakota Conference on Developmental Disabilities. These activities were in addition to the collaboration activity focused on the targeted disparity group of Native Americans with disabilities and their families.

A major area of emphasis for the DD Network during the five-year plan will be utilizing the Oyate Circle to better respond to the needs of Native Americans with disabilities and their families. To ensure a true statewide approach, relationships have been established with the nine tribal communities in the state through the Oyate Circle, a sub-center of the Center for Disabilities. The Oyate Circle is a resource, education, outreach, and training program that serves all nine tribes in South Dakota. Named in Lakota for “the people” the Oyate Circle focuses on the needs of tribal members and their families. They provide training and technical assistance for tribal communities. This has proven to be a stable resource in maintaining tribal relations in the efforts of the Center for Disabilities and DD Network.

The Council collaborates with the Center for Disabilities by participating on the Consumer Advisory Committee, sharing information on Center training events, participating in the review and development of new resources for parents and people with disabilities, supporting one-time training events and including staff as presenters to the SD Advocates for Change Leadership Team. The Council supports grants to the Center for public information development and dissemination, community-based transition partnerships, and advocacy and leadership training for Native Americans with disabilities and their families. Other opportunities will naturally occur for collaboration with DRSD throughout the next five years.

The Council collaborate with Disability Rights South Dakota by supporting, promoting, and presenting at Partners in Policymaking, and supporting a Self-Advocacy Coordinator to support the SD Advocates for Change Leadership Team. Public listening sessions (when they begin again after the pandemic), will be attended, and supported by Council staff. Other opportunities will naturally occur for collaboration with DRSD throughout the next five years.

Whenever possible, the Council collaborates with other entities such as SD Parent Connection, the Transition Services Liaison Project, and the Division of Developmental Disabilities to work on issues and promote activities and events.

PART E. 5-YEAR GOALS [Section 124(4); Section 125(c)(5)]

GOAL 1 Community Supports & Services – By 2026, people with intellectual and developmental disabilities and their families have increased awareness of resources to improve access to information and services.

Objective 1 – Each year of the state plan, the Council will share resources and information through multiple media formats weekly and specifically target 6 new groups or locations (such as clinics, schools, nursing students, etc.).

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Objective 2 – Each year of the state plan, the Council will collaborate with others to support one professional development opportunity for community-based providers, family members, guardians, and people with IDD.

Objective 3 – Each year of the state plan, the Council will collaborate to improve policies and practices at a minimum of 3 agencies providing services to transition age youth.

Objective 4 – If needed, each year of the state plan, the Council will support activities related to emerging needs for people with IDD impacted by a public health emergency or natural disaster

Five-year Expected Goal Outcomes:

1. People with IDD and their families can easily find information on available services.
2. People with IDD and their families are more aware of and access community resources available to anyone.
3. Community-based providers receive information and professional development opportunities to improve the quality of services they provide to people with IDD.

GOAL 2 – Mental Health – By 2026, people with intellectual and developmental disabilities have improved access to individually designed mental health services in their own communities.

Objective 1 – In FFY2022 and in FFY2026, the Council will collaborate to complete an assessment of the capacity of the current system to support people with IDD and mental health concerns in their communities.

Objective 2 – Each year of the state plan, the Council will collaborate to provide two education or awareness activities related to mental health services for people with IDD.

Objective 3 – Each year of the state plan, the Council will collaborate on one event and/or resource that provides information for family caregivers and/or direct support providers to maintain their own well-being and better serve people with IDD.

Five-year Expected Goal Outcomes:

1. The Council and others will have increased knowledge of current services and gaps in services.
2. Action will be taken to address the identified gaps in services.
3. Family caregivers and direct support providers are supported to access mental health services and training themselves so they can provide better supports to people with IDD.

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GOAL 3 – Advocacy & Leadership – By 2026, the DD Network (Council, Disability Rights SD and USD Center for Disabilities) will collaborate so that people with intellectual and developmental disabilities and their families have information, training, support and opportunities to effectively advocate and impact systems change and participate in cross-disability coalitions.

Objective 1 – Each year of the state plan the DD Network will support advocacy and leadership training for 40 youth and adults with IDD and 20 family members or guardians.

Objective 2 – Each year of the state plan, the Council will support the SD Advocates for Change (SDAC) Network and Leadership Team to provide 2 training events for 30 people with IDD to increase self-advocacy and leadership skills and support 2 people with IDD to participate as members of cross-disability boards and councils.

Objective 3 – Each year of the state plan, the Council will support advocacy and leadership training for 10 Native Americans with disabilities and 20 of their family members.

Five-year Expected Goal Outcomes:

1. More people with IDD and their families are actively advocating for themselves or their family members.
2. Agencies and organizations providing or developing services for people with IDD include people with IDD and their families as participating members of their boards and workgroups.

Included in the Council's goals are

Self-Advocacy Goal(s)/objectives

Goal 3, Objective 2 focuses on the statewide self-advocacy organization, SD Advocates for Change (SDAC). SDAC has a Leadership Team that offers opportunities for 12 people with IDD to practice and develop their leadership skills and develop and present trainings to other people with IDD, family members and professionals.

Council staff and grantees promote to self-advocates opportunities to participate on other boards, councils and leadership coalitions that are cross-disability and culturally diverse. Council staff and grantees offer to provide supports to complete the application, serve as a reference, and provide information and training on participating on other boards and councils. SDAC Network members are often asked to share what other boards and councils they are involved with so that other members learn about the many boards and councils available.

Targeted Disparity

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The targeted disparity group selected by the Council is Native Americans with disabilities and their families. A lack of knowledge and understanding of the service system was identified as a need specific for Native Americans. Native American graduates of Partners in Policymaking have shared the difficulties they faced to participate (lack of transportation, respite or childcare, etc.) and expressed an interest in receiving advocacy training that meets cultural realities where they live.

Specifically, Goal 3, Objective 3 provides for advocacy and leadership training for Native Americans with disabilities and their families. Although Native Americans with disabilities and their families are included in Partners in Policymaking and the Youth Leadership Forum, the Council felt that a training or curriculum focused on advocacy within the Native American communities was needed. This curriculum development began in FFY22, and a few trainings were held. The curriculum will continue to be revised and provided to reservation areas in the state.

In addition, the Council includes in each Request for Proposal how the applicant plans to reach unserved and underserved populations, specifically, rural and Native American people with IDD and their families.

DD Network Collaboration

The Directors of the DD Network organizations – USD Center for Disabilities, Disability Rights South Dakota and the Council – meet monthly to share the most recent activities and how the network can work together. We actively share social media posts, ensure that training notices are made available for people with IDD and their families, share information at booths at various conferences; offer suggestions for people to serve on workgroups or be interviewed for research or publications; what questions are currently the most asked about; requested training topics; and much more.

The DD Network will work specifically on Goal 3, Advocacy and Leadership. The DD Network works together to provide Partners in Policymaking training for people with IDD and their families. For the Youth Leadership Forum, the Council provides financial support while Disability Rights SD (DRSD) and the Center for Disabilities provide information and resources. The Oyate' Circle, a sub-center of the Center for Disabilities, is a resource for the DD Network when looking to continue building relationships with Native Americans across the state. Together the DD Network plans to specifically work with the Oyate' Circle to reach Native Americans with information, resources and training across a range of topics such as voting, transition age youth, and advocacy and leadership skills development that leads to greater participation on boards and councils.

Evaluation Plan [Section 125(C)(3) And (7)]

Throughout the five-year plan, the Council, the Executive Director and our grantees will be evaluating individual projects as well as determining how well the Council is meeting its goals and five-year outcomes through multiple methods.

During development of Requests for Proposals (RFPs), the Council discusses the grants currently funded for each goal and reviews how each is progressing and moving the Council towards its five-year expected outcomes; what changes need to be made; and what other activities should the Council support to reach its goals.

As part of their application for funding, each grantee is required to submit an evaluation plan and how they plan to include Native Americans with disabilities and their families as well as other underserved populations in their grant activities. The evaluation plans may include pre-tests, post-tests, follow-up surveys, interviews, focus groups, products developed, progress reports and summaries. All projects provide progress reports that include information on activities conducted, strategies used and any barriers to progress.

Each federal fiscal year, in preparation for the annual program performance report, the Council surveys all grantees to request cumulative numbers for the performance measures, narratives of barriers and accomplishments and stories. These reports also include specific questions regarding how the project included Native Americans with disabilities and their families as well as other underserved populations.

Other data is collected such as Council member, grantee and stakeholder surveys to inform consumer satisfaction measures. The Council uses public listening sessions and other assessments to determine changes in attitudes, etc. This information may be gathered from sources other than the Council and its grantees. Each year a stakeholder survey is provided to multiple groups to request their feedback on the Council's activities and emerging needs. Continuous feedback from grantees, stakeholders, and the Council as well as ongoing data collection provides a review and identification process for emerging trends and needs.

Annually the Executive Director uses the above information to prepare a summary of the State Plan goals, objectives and performance measures with the annual projections and actual results from Council and grantee activities. This summary is reviewed by the Council and used to inform state plan amendments, the annual program performance report and development of future Requests for Proposals.

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Logic Model

Inputs Resources used for activities	Outputs Products of activities	
	Activities	Participation
Funding from AIDD Council staff Council members DD Network partners Oyate' Circle SD Advocates for Change Community support providers Division of DD Division of Behavioral Health Community MH Centers SD NAMI Division of LTSS SD Parent Connection Transition Services Liaison Project Community-based service providers	What Outreach via multiple media formats Training & resources Supporting & educating communities (conferences, website, PSAs, etc.) Interagency collaboration Assessment of MH services for people with IDD Informing Policymakers	Who People with IDD Family members of people with IDD Guardians Schools General public Community Support Providers (including Direct Support Professionals) Programs for transition age youth Providers of mental health services to people with IDD State agencies and non-profit disability organizations

Outcomes – Impact Intended outcomes or specific changes that are direct result of implementation activities		
Short term 1-3 years	Intermediate/Long-term 3-5 years	Impact
Initial positive changes People with IDD and families have easier access to information, resources & training Community-based service providers have resources & professional development opportunities Caregivers and DSPs are supported with information & resources on well-being People with IDD and families have greater leadership and advocacy skills Policymakers receive information on gaps and service needs Youth with IDD receive self-advocacy and self-determination skills SDAC has more members and activities	Expected impacts on behavior People with IDD, families, providers and communities know more about people with IDD and their needs Improved transition services for youth with IDD Changes are implemented to improve MH services for people with IDD People with IDD are more involved in self-advocacy activities and groups	ultimate impact on the issue or the status for people with DD and their families People with IDD and families have easier access to information & resources Community-based service providers have more capacity to serve people with IDD More people with IDD and parents are impacting systems change by participating on boards and councils

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SECTION V: PROJECTED COUNCIL BUDGET [Section 124(c)(5) (B) and 125(c)(8)]

FFY2022

Goal	Subtitle B \$	Other(s) \$	TOTAL
1. Goal 1 Community Services & Supports	\$ 200,000	\$ 66,667	\$ 266,667
2. Goal 2 – Mental Health	\$ 77,750	\$ 25,917	\$ 103,667
3. Goal 3 – Advocacy & Leadership Development	\$ 200,000	\$ 66,667	\$ 266,667
4. General management (Personnel, Budget, Finance, Reporting)	\$ 50,000	\$ 16,667	\$ 66,667
5. Functions of the DSA			
6. TOTAL	\$ 527,750	\$ 175,918	\$ 703,668

FFY2023

Goal	Subtitle B \$	Other(s) \$	TOTAL
1. Goal 1 Community Services & Supports	\$ 200,000	\$ 66,667	\$ 266,667
2. Goal 2 – Mental Health	\$ 77,750	\$ 25,917	\$ 103,667
3. Goal 3 – Advocacy & Leadership Development	\$ 200,000	\$ 66,667	\$ 266,667
4. General management (Personnel, Budget, Finance, Reporting)	\$ 50,000	\$ 16,667	\$ 66,667
5. Functions of the DSA			
6. TOTAL	\$ 527,750	\$ 175,918	\$ 703,668

FFY2024

Goal	Subtitle B \$	Other(s) \$	TOTAL
7. Goal 1 Community Services & Supports	\$ 200,000	\$ 66,667	\$ 266,667
8. Goal 2 – Mental Health	\$ 77,750	\$ 25,917	\$ 103,667
9. Goal 3 – Advocacy & Leadership Development	\$ 200,000	\$ 66,667	\$ 266,667
10. General management (Personnel, Budget, Finance, Reporting)	\$ 50,000	\$ 16,667	\$ 66,667
11. Functions of the DSA			
12. TOTAL	\$ 527,750	\$ 175,918	\$ 703,668

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SECTION VI: ASSURANCES [Section [124(c)(5)(A)-(N)]

☐ Written and signed assurances have been submitted to the Administration on Intellectual and Developmental Disabilities, Administration for Community Living, United States Department of Health and Human Services, regarding compliance with all requirements specified in Section 124 (C)(5)(A) – (N) in the Developmental Disabilities Assurance and Bill of Rights Act.

Approving Officials for Assurances

- ☐ For the Council (if the Council is its own DSA, the Chairperson)
- ☐ For the State or Territory (DSA is to assist the DD Council in obtaining assurances)

SECTION VII: PUBLIC INPUT AND REVIEW [Section 124(d)(1)]

- (i) Describe how the Council made the plan available for public review and comment. Include how the Council provided appropriate and sufficient notice in accessible formats of the opportunity for review and comment.

The draft goals and objectives were made available through a survey placed on the Council's webpage from May 27 through July 14, mailed to 320 people and emailed to an additional 400 people who have requested information from the Council in the past. The Council, USD Center for Disabilities and Disability Rights South Dakota shared the opportunity to provide input through their newsletters and social media. Surveys were mailed in Spanish and in large print to those who have requested another format for their information from the Council. Accessible formats were offered on the survey. Surveys were accepted by hard copy, phone and email.

- (ii) Describe the revisions made to the Plan to consider and respond to significant comments.

The comments received by survey respondents very much supported the goals, objectives and activities as shared in the public survey. No significant comments were received that required changes to the goals. Minor changes were made to the objectives to ensure clarity.

Council staff and members continuously share feedback from others about the current state plan and activities. Those are discussed and changes made to future work plans as needed.